

COPY

FOR PATENT APPLICATION

Docket No. _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "FLAME RETARDED EPOXY RESIN COMPOSITION" the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____
under Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to Patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 USC § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

APPLICATION NUMBER

COUNTRY

FILING DATE
(Day/Month/Year)

89119427

Taiwan, R.O.C

September 21,
2000

I hereby claim the benefit under 35 USC § 120 of any United States application (s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose to the Office information which is material to patentability as defined in CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application

APPLICATION NUMBER

FILING DATE
(Day/Month/Year)

STATUS
(Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

2,370-1
Address all telephone calls

Tel: 1-617-523-3400

Address all correspondence to:

Mr. Peter F. Corless
EDWARDS & ANGELL, LLP
130 Water Street, Boston,
Massachusetts 02109-4280, U.S.A

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor Kuen-Yuan Hwang
Inventor's signature Kuen-Yuan Hwang Date March 8, 2001
Residence Hsinchu Citizenship Taiwan, R.O.C.
Post Office Address No. 8, Chung Hwa Road, Hsinchu Industrial District,
Taiwan, R.O.C.

Full name of second joint inventor, if any Hong-Hsing Chen
Second Inventor's signature Hong-Hsing Chen Date March 8, 2001
Residence Hsinchu Citizenship Taiwan, R.O.C.
Post Office Address No. 8, Chung Hwa Road, Hsinchu Industrial District,
Taiwan, R.O.C.

Full name of third joint inventor, if any TSUNG-YU CHEN
Third Inventor's signature Tseng-Yu Chen Date March 8, 2001
Residence Hsinchu Citizenship Taiwan, R.O.C.
Post Office Address No. 8, Chung Hwa Road, Hsinchu Industrial District,
Taiwan, R.O.C.

Full name of fourth joint inventor, if any Ching Fu Kao
Fourth Inventor's signature Ching Fu Kao Date March 8, 2001
Residence Hsinchu Citizenship Taiwan, R.O.C.
Post Office Address No. 8, Chung Hwa Road, Hsinchu Industrial District,
Taiwan, R.O.C.

Full name of fifth joint inventor, if any _____
Fifth Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

Full name of sixth joint inventor, if any _____
Sixth Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____